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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: NEAL HARTSELL ET AL.

Filed: JUNE 12, 2001

For: SYSTEMS AND METHODS FOR BILLING IN INFORMATION
MANAGEMENT ENVIRONMENTS

Serial No.: 09/879,812

Examiner: UNKNOWN

Atty Dkt: SURG:150

Pursuant to 37 C.F.R. 1.8, I certify that this correspondence is being deposited with the U.S. Postal Service in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on the date below:

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Washington, DC 20231

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REQUEST FOR CORRECTED FILING RECEIPT

Sir:

A corrected filing receipt is hereby requested in view of the error which appears in the original.

In the Applicants section, please change "Roond Rock, TX" to --Round Rock, TX--

A copy of the original filing receipt is attached, with the requested change(s) indicated in red.

Because the error is not due to any error by Applicant(s), no fee is believed to be due in connection with the filing of this document. However, should any fee under 37

Assistant Commissioner for Patents and Trademarks

Page 2

C.F.R. §§1.16 to 1.21 be deemed necessary for any reason relating to this document, the commission is hereby authorized to deduct said fee from Deposit Account 10-1205/SURG:150.

Please date stamp and return the enclosed postcard evidencing receipt of these materials.

Respectfully submitted,



William W. Enders

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WASHINGTON, D.C. 20231

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/879,812	06/12/2001	2171	1182	SURG:150	25	89	6

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CONFIRMATION NO. 3701

UPDATED FILING RECEIPT



OC00000007011401

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Date Mailed: 11/02/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/797,200 03/01/2001
WHICH CLAIMS BENEFIT OF 60/246,401 11/07/2000
AND CLAIMS BENEFIT OF 60/187,211 03/03/2000
THIS APPLICATION 09/879,812
CLAIMS BENEFIT OF 60/285,211 04/20/2001
AND CLAIMS BENEFIT OF 60/291,073 05/15/2001

Foreign Applications

If Required, Foreign Filing License Granted 08/13/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

***SM:ALL ENTITY**



Title

Systems and methods for doing in information management environments

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Preliminary Class

707

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Bib Data Sheet

CONFIRMATION NO. 3701

SERIAL NUMBER 09/879,812	FILING DATE 06/12/2001 RULE	CLASS 707	GROUP ART UNIT 2164	ATTORNEY DOCKET NO. SURG:150
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**** CONTINUING DATA *******
 THIS APPLICATION IS A CIP OF 09/797,200 03/01/2001
 WHICH CLAIMS BENEFIT OF 60/246,401 11/07/2000
 AND CLAIMS BENEFIT OF 60/187,211 03/03/2000
 THIS APPLICATION 09/879,812
 CLAIMS BENEFIT OF 60/285,211 04/20/2001
 AND CLAIMS BENEFIT OF 60/291,073 05/15/2001

**** FOREIGN APPLICATIONS *******

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 ** 08/13/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 25	TOTAL CLAIMS 89	INDEPENDENT CLAIMS 6
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TITLE
 Systems and methods for billing in information management environments

FILING FEE RECEIVED 1182	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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